



BPA VACANCY ANNOUNCEMENT

(# 00-219-DE)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER
ADMINISTRATION

HOURLY

POSITION AND LOCATION

POWER SYSTEM CONTROL CRAFTSMAN TRAINEE 5 – BB-2604, TRANSMISSION BUSINESS LINE; (MORE THAN ONE POSITION MAY BE FILLED)

OPENING DATE	CLOSING DATE (<i>Close of Business</i>)	HOURLY PAY RATE
3/30/00	OPEN UNTIL FURTHER NOTICE	\$23.77 PER HOUR

Selections at Bonneville Power Administration (BPA) are based on merit and are accomplished without regard to political, religious, or union affiliation or non-affiliation, marital status, race, color, national origin, sex, sexual orientation, age, or non-disqualifying physical disability; nor will such action be based upon any personal relationship, patronage, or nepotism.

WHO MAY APPLY (*U.S. Citizenship required*)

- X** General Public
- X** Veteran's Readjustment Appointment (*for further information, see Veterans Administration web link below*)

NOTE: Applicants who are requesting consideration based on veteran's preference must submit proof of eligibility at the time of application. In general, proof is a Standard Form DD-214, Certification of Discharge, or other documentation that provides proof of service.

NOTES

- **Work locations may be anywhere in the Bonneville Power Administration (BPA) Service Areas (OREGON, WASHINGTON, IDAHO, AND MONTANA). (See attached geographic location check list)**

DUTIES AND RESPONSIBILITIES

- The Power System Control Craftsman Trainee performs preventive and corrective maintenance on power system control equipment. Additionally, there may be circumstances due to region staffing, the trainee may be expected to perform emergency maintenance on power system control equipment. Power system control equipment includes the following:
- AM and FM radios with frequencies up to 900 MHz. These consist of fixed, mobile, and portable stations used for voice communications, control, and telemetering circuits.
- Power line carrier current equipment using AM, SSB, FM, and FSK modulation for the transmission of voice communications, power line relaying signals, telemetering, and supervisory control.
- Microwave radio equipment operating at frequencies above 900 MHz with high density channel loading capability.
- High density microwave multiplex equipment which includes the frequency generation equipment, telephone termination equipment and dial selectors, and all service channel or order wire equipment.
- Control and data equipment which includes SCADA, microwave alarm reporting systems, hydromet stations, ILDSS, digital/analog telemetering systems, central time system, transfer trip (used for line protection and remedial action schemes), data circuits and general purpose modems.
- Miscellaneous equipment which includes auxiliary power equipment (engine generator controls, batteries and battery chargers, inverters, and UPS systems), power line fault locators (both portable and fixed), telephone switching equipment, PA systems, closed circuit television systems, fiber optics, and electronic test equipment.
- Under supervision, as necessary, performs the more difficult and non routine types of maintenance work on the above equipment. The trainee may also make previously approved field modifications on equipment, and perform subsequent tests for work involving unusual problems or requiring analysis by the engineer.
- Assists in performing initial energization tests of new installations and obtains data which will permit the supervising engineer to make an engineering evaluation of the equipment performance in terms of the contract specifications.
- Installs certain types of equipment under general supervision after the procedures have been previously established. A typical job is the installation of mobile radios.
- Assists in measuring and determining locations of radio and audible noise and power line interference and advises the supervising engineer of the source of the interference so that corrective action may be initiated.
- In connection with the above various types of work, prepares reports which in general are a collection of test data, instrument readings, and other pertinent information which can be used by the supervising engineer to make an engineering determination on the equipment operations.
- Performs miscellaneous duties related to the maintenance of the communication system.

WORKING CONDITIONS

Most of the work is indoors, although some of the power line carrier and mobile radio work is outside. Work may involve occasional travel to remote sites and exposure in all kinds of weather. Repair work or other emergency work may be required at any time of a 24-hour day. Voltages up to several thousand volts may be present in some types of equipment. Some of the work is performed around moving machinery in the auxiliary power equipment. The work may involve driving maintenance vehicles over steep and narrow mountain roads. Work may involve working alone and possibly in isolated locations.

SPECIAL CONDITIONS

- Persons filling Power System Control Craftsman Trainee 5 positions may be required to meet some or all of the following conditions:
 - Satisfactory completion of each trainee step and associated related training is mandatory for advancement to the next step. Failure of any two of the step examinations will result in removal from the trainee program.
 - Become familiar with and follow the safety practices of the BPA Accident Prevention Manual.
 - If exposed to health hazards, have periodic physical examinations as prescribed by competent medical authority at BPA expense.
 - Possess a valid state driver's license. Possess a U. S. Motor Vehicle Driver Authorization or obtain within 30 days after the requirement is established. Additional endorsements on valid drivers license may be required to operate assigned vehicles. Traffic citations indicating poor driving habits may disqualify applicants.
 - Possess a restricted electrical worker's permit or obtain one within 1 year.
 - As circumstances dictate, or as required by management, possess or obtain standard clearance certification.
 - Possess within 1 year after appointment, and maintain continuously thereafter, both a First Aid card and a CPR card.
 - Take First Aid refresher training, when possible.
 - Subject to call for emergency work at any time.
 - Operate motor vehicles, including 1-1/2 ton pickups, sedans, van type trucks, 4 x 4's, or snowcats, as required by management.
-

PHYSICAL QUALIFICATION REQUIREMENTS

Incumbents must be physically and mentally able to efficiently perform the duties of the position, with or without reasonable accommodation, without hazard to themselves or others. The duties involve lifting and carrying instruments weighing up to 80 pounds at chest level, and frequent standing, walking, bending, reaching, stooping, and climbing ladders. Employees must occasionally work in confined spaces and in awkward positions. Extensive driving over unimproved surfaces may be required. Work may be performed on smooth or uneven surfaces and will be performed under varying climatic conditions. Must be able to use two electronic test probes simultaneously at separated points. They may be required to travel on snowshoes for several miles at a time, carrying a heavy backpack. Incumbents must have the ability to read printed material the size of typewritten characters. They must be able to distinguish different electrical/electronic components based on color coding or shade variations. They must have the ability to hear the conversational voice. Speech must be suitable for clear communication by telephone. Must be able to work alone under stressful situations. Incumbents must be in good physical condition sufficient to safely perform the duties of the position.

BASIS OF EVALUATION

Candidates will be evaluated on the basis of experience, education, training, supervisory appraisal and/or potential on the following elements to determine those who are minimally qualified and those who are best qualified. The Trainee will normally study and enter into a program of systematic work experience on a major category of communication and control equipment as outlined in the "Training Standards" for each step or period under the Craftsman.

1. ABILITY TO PERFORM THE WORK OF A POWER SYSTEM CONTROL CRAFTSMAN TRAINEE 5 WITHOUT MORE THAN NORMAL SUPERVISION. (Failure to meet this requirement will result in an ineligible rating.)
 2. Knowledge of the assembly, adjustment, and repair of electronic power system control equipment similar to that used on the BPA system.
 3. Ability to use electronic test equipment.
 4. Knowledge of electronic theory.
 5. Ability to use electronic hand and power tools.
 6. Ability to troubleshoot.
 7. Safety.
-

APPLICATION RATING

- Applications will be rated upon receipt.
 - Applicants determined to be best qualified will be required to participate in a personal interview conducted by a rating committee.
 - The interview will be used to confirm the applicant's qualifications including information submitted in the supplemental questionnaire and will determine the applicant's final score.
-

APPLICATION INFORMATION

There is no specific required application form. There is specific information that you are required to submit. For further information on completing your application, please refer to the "usajobs" web link.

- Applicants may, at their choice, submit a resume, the Optional Application for Federal Employment (OF 612), a copy of the obsolete Application for Federal Employment (SF 171), or any other written application format.
- All applications must contain sufficient information to determine eligibility for the position.
- Applicants will not be contacted for missing information nor will late material be accepted.
- Applicants must complete the applicable supplemental questionnaire.
- Refer to the separate Completing an Application information sheet.
- More than one selection may be made.

CONDITIONS OF EMPLOYMENT

- Prior to hiring, the selectee must complete a Declaration for Federal Employment (OF 306) to determine their suitability for Federal employment and to authorize a background investigation. You will be asked to sign and certify the accuracy of all information in your application. If you make any false statement in any part of your application, you may not be hired; or you may be fined, jailed, or fired after you begin work.
- If you are a male over age 18 who was born after December 31, 1959, you must have registered with the Selective Service System (or have an exemption) to be eligible for a Federal job. Please certify Selective Service status by completing BPA Form 3293.03e, Applicant's Statement of Selective Service Registration Status.
- The Bonneville Power Administration is a harassment free workplace. Employees are required to comply with this policy.

HOW TO APPLY

Submit your application with supplemental information. In order for supplemental information to be considered in the rating and ranking process, it **must be received with the application**. Your application package should include the following:

1. Your resume, or other application, that fully describes your education and experience.
2. Your response to the required supplemental questionnaire.
3. If you are applying as a reinstatement or status candidate from another Federal agency, please include a copy of your most recent Standard Form 50, Notification of Personnel Action.
4. If you are applying for consideration as a veteran, you must provide the documentation required above.
5. A current copy of your state driving record.
6. All non-BPA applicants are encouraged to complete and submit form SF 181, Race and National Origin Identification.

If you have questions, you may call the Staffing Center, 360-418-2090 or 503-230-3055.

Do not submit letters of recommendation, transcripts, copies of awards, training certifications, copies of position descriptions, or published works unless specifically requested above. Applicants should retain a copy of their application as BPA does not return applications or provide copies.

WHERE TO APPLY

Bonneville Power Administration, ATTN: Personnel Services – CHM/PSB2, PO BOX 491, Vancouver, WA 98666-0491.

RECEIPT OF APPLICATION

Your complete application must reach the issuing office by the closing date. You may also submit your application by fax or email.

Fax Applications

Faxed applications should be sent to **360-418-2063**. Applicants are responsible for ensuring that application materials transmit successfully.

Email Applications

Applications should be sent as attachments to: **bpaapplicants@bpa.gov**. The Vacancy Announcement Number must be included in the Subject line of the email. Required forms may be sent as email attachments, may be faxed, or sent as hardcopy. Application materials provided by different means must be cross-referenced so they may be combined at BPA. Applicants who apply by email will receive an email confirmation. Applicants are responsible for ensuring that application materials are formatted in a means that will transmit successfully.

www.va.gov

Veterans
Administration

www.bpa.gov

Bonneville Power
Administration

www.usajobs.opm.gov

Office of Personnel
Management

<http://www.opm.gov/qualifications/index.htm>

Office of Personnel Management

DEPARTMENT OF ENERGY SURPLUS OR DISPLACED EMPLOYEES REQUESTING
GEOGRAPHIC AVAILABILITY FORM

NAME	SOCIAL SECURITY NUMBER
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ONLY CHECK THE LOCATIONS FOR WHICH YOU ARE AVAILABLE.

OREGON

☐ **ANYWHERE**

☐ Goshen

☐ Malin

☐ North Bend

☐ Redmond

☐ Salem

☐ The Dalles

☐ Umatilla

WASHINGTON

☐ **ANYWHERE**

☐ Chehalis

☐ Ellensburg

☐ Grand Coulee

☐ Kent

☐ Longview

☐ Pasco (Franklin)

☐ Richland

☐ Snohomish

☐ Spokane

☐ Vancouver

☐ Wenatchee

☐ Olympia

IDAHO

☐ **ANYWHERE**

☐ Idaho Falls

☐ Lewiston

MONTANA

☐ **ANYWHERE**

☐ Garrison

☐ Kalispell

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. SUBMISSION OF THIS INFORMATION IS VOLUNTARY. Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code; and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose.

Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (Last, First, Middle Initial)	Social Security Number
Sex <input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

SECTION A. DISABILITY STATUS

☐☐

A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

- 05. I do not have a disability
- 16. Total deafness in both ears, with or without understandable speech.
- 23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)
- 25. Blind in both eyes (no usable vision, may have some light perception).
- 28. Missing one arm or one leg.
- 33. Missing hands or both arms or both feet or both legs.
- 35. Missing one hand or arm and one foot or leg.
- 64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.
- 65. Partial paralysis of both legs, any part, or both arms, any part.
- 67. Partial paralysis of one side of the body, including one arm and one leg.

DOE F
1600.7e

U.S. DEPARTMENT OF ENERGY

*Electronic Form Approved
By CIL 07/14/1999*

(02-94)

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

- 68. Partial paralysis of three or more major parts of the body (arms and legs)
- 71. Complete paralysis of both hands or both arms or both legs.
- 72. Complete paralysis of one arm or one leg.
- 76. Complete paralysis of lower half of body, including legs.
- 77. Complete paralysis of one side of body, including one arm and one leg.
- 78. Complete paralysis of three or more major parts (of body) (arms and legs).
- 82. Convulsive disorder (e.g. epilepsy).
- 90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).
- 91. Mental or emotional illness (a history of treatment for mental or emotional problems).
- 92. Severe distortion of limbs and/or spine (e.g. dwarfism, severe distortion of the back).
- 06. I have a disability, but it is not listed above. Describe:

SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are a mixed race and/or national origin, select the category with which you identify yourself. NOTE: Please mark only ONE box.

- | | | |
|--------------------------------------|--------------------------|---|
| A. American Indian or Alaskan Native | <input type="checkbox"/> | A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation. |
| B. Asian or Pacific Islander | <input type="checkbox"/> | A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam. |

- C. Black, not of Hispanic origin** ☐ **A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.**
- D. Hispanic** ☐ **A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin.**
- E. White, not of Hispanic origin** ☐ **A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures of origins.**
- F. Other** ☐ **A person not included in the above categories.**

In order for us to assess the effectiveness of our Recruitment efforts please identify how you learned about this job by marking the appropriate box and providing the name of the source:

☐ **Internet web-site** ☐ **Newspaper Ad** ☐ **Trade Journal** ☐ **Other (Please indicate)**

OMB Approval
#1910-1100

12-97

Name	_____
Address	_____
City/St.	_____
Zip code	_____
Social Security	_____
Telephone	Home () _____
	Work () _____

**U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION**

**SUPPLEMENTAL QUESTIONNAIRE FOR
POWER SYSTEM CONTROL CRAFTSMAN OR
POWER SYSTEM CONTROL CRAFTSMAN TRAINEE 5**

TO APPLICANT: The information requested on this Supplemental Questionnaire is needed to evaluate and rate your application. Fill out all pages completely and accurately. The questions have been designed to cover a wide range of skills and knowledge to insure that you receive all credit for experience to which you are entitled. However, you are not expected to have full knowledge of every element listed. Be sure your answers reflect YOUR OWN actual skills and knowledge. If you appear to be qualified as a Power System Control Craftsman or Craftsman Trainee based on the information contained in this supplemental questionnaire, an ORAL INTERVIEW will be scheduled to confirm your level of experience.

PRIVACY ACT INFORMATION

The Bonneville Power Administration is authorized to rate applicants for Federal jobs under the provisions of Title 5, United States Code, chapter 11, sections 1104, 1302, 3301, and 3304.

The information you provide will be used to determine your qualifications for these positions. If you do not complete the information listed, we will be unable to rate your application, and you will not be considered for these positions.

Your Social Security Number is required to keep your records straight as other people may have the same name and birthday.

CERTIFICATION STATEMENT	
I certify that the information provided in this supplemental questionnaire is true and correct to the best of my knowledge.	
By my signature, I authorize the Bonneville Power Administration to obtain a driving abstract from the state in which I am licensed.	
Signature	Date

SUPPLEMENTAL QUESTIONNAIRE

MINIMUM QUALIFICATIONS FOR CRAFTSMAN OR CRAFTSMAN TRAINEE V: Applicants must have a minimum of two years formal education in electronics; i.e. an Associate of Applied Science Degree such as Electronic Engineering Technology, military electronics/communications schools, apprenticeship involving electronics/communications, an electronic technician trade school, etc. The applicant must have a total of 5 years combined education and experience in maintaining electronic equipment. In addition, the applicant must be willing and capable to work under the conditions detailed on page 20, Element 7, question 12.

Instructions

This questionnaire will be used to assess the extent of your knowledge about some of the job elements of the position(s) you are applying for. This form is very long and there can be a tendency to rush through it. It is to your best interest to take your time and be complete. Short descriptive answers will be adequate, but they must include all the requested information. Minimize the use of "ditto" marks.

There are 8 sections (Elements) to this questionnaire. Applicants for journeyman Craftsman must fill out all 8 sections, while applicants for Craftsman Trainee must fill out 7 of the 8 sections. Read the instructions contained at the beginning of each section and in the column headings carefully. These instructions need to be followed so you will receive full credit for your past experience.

Clarification : The Craftsman Trainee position is not an apprenticeship. Only journeyman technicians in the electronics field qualify for this position. The Craftsman Trainee completes a training program that orients them to the specific communication equipment and systems utilized in Bonneville Power Administration.

Statements made on this form will be subject to verification by contact with former employers, education establishments, and the state of residence (for driving record).

DISQUALIFYING DRIVING RECORDS

Within the past THREE years, any of the following conditions disqualify an applicant for a U. S. Government Motor Vehicle Authorization:

- A. Conviction for operating a motor vehicle under the influence of alcohol or a control substance.
- B. Conviction for leaving the scene of an accident without making his or her identity known.
- C. Driver license suspended, revoked, or canceled.
- D. Any recurrent record of auto accidents/incidents, traffic violations, or arrests which demonstrates that the employee does not have an adequate sense of responsibility. This may be shown by any of the following:
 - Conviction for fleeing or attempting to elude a police officer.
 - Conviction for a felony involving the use of a motor vehicle.
 - Two or more accidents in which the applicant was at fault.
 - Two or more excessive speeding violations (15 miles per hour or more over the posted limit.)
 - Four or more moving violations

Activities:

- A. INSTALLATION - mounting and external wiring
B. PREVENTIVE MAINTENANCE - manufacturer's recommended or company's routine maintenance
C. TROUBLESHOOTING - analyzing and identifying defective assembly or subassembly
D. MODULE REPLACEMENT - replacement of an entire assembly or subassembly
E. MODULE REPAIR - repairing defective components, align and test module
F. COMMISSIONING - initial testing, assuring proper operation, and meeting manufacturer's specifications
G. KNOWLEDGE OF EQUIPMENT - where knowledge of equipment was obtained

[illegible]

ELEMENT 2 KNOWLEDGE OF THE ASSEMBLY, ADJUSTMENT, AND REPAIR OF ELECTRONIC AND COMMUNICATIONS EQUIPMENT

- Activities:
- A. INSTALLATION - mounting and external wiring
 - B. PREVENTIVE MAINTENANCE - manufacturer's recommended or company's routine maintenance
 - C. TROUBLESHOOTING - analyzing and identifying defective assembly or subassembly
 - D. MODULE REPLACEMENT - replacement of an entire assembly or subassembly
 - E. MODULE REPAIR - repairing defective components, align and test module
 - F. COMMISSIONING - initial testing, assuring proper operation, and meeting manufacturer's specifications
 - G. KNOWLEDGE OF EQUIPMENT - where knowledge of equipment was obtained

EQUIPMENT GROUPS	Work experience on each equipment in yr/months	Check each box below which describes an activity which you have independently performed on the equipment							List manufacturer of equipment and how you gained knowledge of the equipment. No credit for experience will be given without this information. Reference to your application is acceptable, or utilize a separate sheet if necessary
7. TELECOMMUNICATIONS SYSTEMS		A	B	C	D	E	F	G	
TELEPHONE SWITCHING SYSTEMS (I.E. PBX)									
DIAL ACCESS TRUNKS / SIGNALING EQUIP.									
KEY TELEPHONE EQUIPMENT / SYSTEMS									
TELEMETERING EQUIPMENT									
FIBER OPTIC SYSTEMS									

ELEMENT 3 USE OF ELECTRONIC TEST EQUIPMENT

INSTRUCTIONS:

COLUMN A LIST OF INSTRUMENTS USED BY POWER SYSTEM CONTROL CRAFTSMAN**COLUMN B** IF YOU HAVE UTILIZED INSTRUMENT, INDICATE AMOUNT OF USE, ACCORDING TO THE FOLLOWING CODES:

- (1) OCCASIONAL USE (YEARLY)
- (2) MODERATE USE (SEVERAL TIMES PER YEAR)
- (3) REGULAR USE (MONTHLY)
- (4) EXTENSIVE USE (WEEKLY)

COLUMN C INDICATE YOUR CURRENT LEVEL OF KNOWLEDGE OF THE TEST INSTRUMENT, ACCORDING TO THE FOLLOWING CODES:

- (1) BASIC KNOWLEDGE
- (2) GENERAL KNOWLEDGE (UNDERSTAND LIMITATION AND ACCURACY OF TEST INSTRUMENT)
- (3) THOROUGH KNOWLEDGE (ABILITY TO INSTRUCT OTHERS IN PROPER USE OF TEST INSTRUMENT)

COLUMN D DESCRIBE THE TYPE OF TEST YOU WERE PERFORMING AND THE MODEL NUMBER OF THE INSTRUMENT UTILIZED. THIS MUST BE COMPLETED TO BE CREDITED FOR THE USE OF THE TEST INSTRUMENT.

A. INSTRUMENTS	B	C	D
1. VOLT / OHM / AMP METER			
2. RS-232 BREAK OUT BOX			
3. COMPUTERS / PLOTTERS			
4. DIGITAL MULTIMETER			
5. OSCILLOSCOPE , ANALOG			
6. SINAD METER			
7. PAR TEST SET			
8. BERT TEST INSTRUMENT			
9. AUDIO SIGNAL GENERATOR			
10. PROGRAMMABLE INSTRUMENTS			
11. GPIB CONTROLLERS			
12. DTMF TEST SET			

ELEMENT 3 USE OF ELECTRONIC TEST EQUIPMENT

INSTRUCTIONS:

COLUMN A LIST OF INSTRUMENTS USED BY POWER SYSTEM CONTROL CRAFTSMAN**COLUMN B** IF YOU HAVE UTILIZED INSTRUMENT, INDICATE AMOUNT OF USE, ACCORDING TO THE FOLLOWING CODES:

- (1) OCCASIONAL USE (YEARLY)
- (2) MODERATE USE (SEVERAL TIMES PER YEAR)
- (3) REGULAR USE (MONTHLY)
- (4) EXTENSIVE USE (WEEKLY)

COLUMN C INDICATE YOUR CURRENT LEVEL OF KNOWLEDGE OF THE TEST INSTRUMENT, ACCORDING TO THE FOLLOWING CODES:

- (1) BASIC KNOWLEDGE
- (2) GENERAL KNOWLEDGE (UNDERSTAND LIMITATION AND ACCURACY OF TEST INSTRUMENT)
- (3) THOROUGH KNOWLEDGE (ABILITY TO INSTRUCT OTHERS IN PROPER USE OF TEST INSTRUMENT)

COLUMN D DESCRIBE THE TYPE OF TEST YOU WERE PERFORMING AND THE MODEL NUMBER OF THE INSTRUMENT UTILIZED. THIS MUST BE COMPLETED TO BE CREDITED FOR THE USE OF THE TEST INSTRUMENT

A. INSTRUMENTS	B	C	D
13. OSCILLOSCOPE, DIGITAL			
14. OSCILLOSCOPE, STORAGE			
15. WHITE NOISE TEST SET			
16. AUDIO SPECTRUM ANALYZER			
17. VHF / UHF SERVICE MONITOR			
18. VHF / UHF POWER METER			
19. RF FREQUENCY COUNTER			
20. RF SPECTRUM ANALYZER			
21. RF SIGNAL GENERATOR			
22. FREQUENCY SELECTIVE VOLTMETER			
23. BASEBAND SPECTRUM ANALYZER			
24. MICROWAVE POWER METER			

ELEMENT 3 USE OF ELECTRONIC TEST EQUIPMENT.**INSTRUCTIONS:****COLUMN A** LIST OF INSTRUMENTS USED BY POWER SYSTEM CONTROL CRAFTSMAN**COLUMN B** IF YOU HAVE UTILIZED INSTRUMENT, INDICATE AMOUNT OF USE, ACCORDING TO THE FOLLOWING CODES:

- (1) OCCASIONAL USE (YEARLY)
- (2) MODERATE USE (SEVERAL TIMES PER YEAR)
- (3) REGULAR USE (MONTHLY)
- (4) EXTENSIVE USE (WEEKLY)

COLUMN C INDICATE YOUR CURRENT LEVEL OF KNOWLEDGE OF THE TEST INSTRUMENT, ACCORDING TO THE FOLLOWING CODES:

- (1) BASIC KNOWLEDGE
- (2) GENERAL KNOWLEDGE (UNDERSTAND LIMITATION AND ACCURACY OF TEST INSTRUMENT)
- (3) THOROUGH KNOWLEDGE (ABILITY TO INSTRUCT OTHERS IN PROPER USE OF TEST INSTRUMENT)

COLUMN D DESCRIBE THE TYPE OF TEST YOU WERE PERFORMING AND THE MODEL NUMBER OF THE INSTRUMENT UTILIZED. THIS MUST BE COMPLETED TO BE CREDITED FOR THE USE OF THE TEST INSTRUMENT

A. INSTRUMENTS	B	C	D
25. LOGIC ANALYZER			
26. NETWORK ANALYZER			
27. DATA ERROR ANALYZER			
28. PROTOCOL ANALYZER			
29. FIBER OPTICS ATTENUATOR			
30. FIBER OPTICS SOURCES POWER METER			
31. FIBER OPTICS OTDR			
32. RFI / TVI TEST EQUIPMENT			
33. MICROWAVE SWEEP GENERATOR			
34. MICROWAVE NOISE LOADING TEST SET			
35. MICROWAVE LINK ANALYZER			
36. SCADA TEST SET			

A.	Formal Education	High School					College				Technical School				
	(Circle Highest Grade Completed)	8	9	10	11	12	1	2	3	4	# of months completed				

Degrees or certificates awarded from college or technical school:

NAME OF SCHOOL	LOCATION	DATES ATTENDED		HIGHEST DEGREE AWARDED
		FROM	TO	

Which of the following did the apprenticeship include?	On-the-job Training	Classroom	Correspondence
1. Basic math	100%	100%	100%
2. Reading	100%	100%	100%
3. Writing	100%	100%	100%
4. English	100%	100%	100%
5. History	100%	100%	100%
6. Science	100%	100%	100%
7. Social studies	100%	100%	100%
8. Art	100%	100%	100%
9. Music	100%	100%	100%
10. Physical education	100%	100%	100%
11. Health	100%	100%	100%
12. Safety	100%	100%	100%
13. First aid	100%	100%	100%
14. Firearm training	100%	100%	100%
15. Other	100%	100%	100%

B. List courses you have taken related to the electronic area including courses taken in military, manufacturers-sponsored training, company-sponsored training, I.C.S., college, trade school, union, or others. (If necessary, continue on an additional sheet of paper.) **DO NOT LIST COURSES WHICH WERE A PART OF YOUR APPRENTICESHIP TRAINING.**

[illegible]

ELEMENT 4 KNOWLEDGE OF ELECTRONIC THEORY

C. INSTRUCTIONS: IN THE BOX NEXT TO EACH THEORY, PLACE THE NUMBER WHICH DESCRIBES YOUR CURRENT LEVEL OF KNOWLEDGE.

LEVEL OF KNOWLEDGE:

1. NO KNOWLEDGE OF THAT THEORY
2. BASIC UNDERSTANDING OF THE THEORY
3. THOROUGH KNOWLEDGE AND APPLICATION OF THEORY
4. COMPREHENSIVE UNDERSTANDING AND ABILITY TO INSTRUCT OTHERS

THEORY	KNOWLEDGE NUMBER	THEORY	KNOWLEDGE NUMBER	THEORY	KNOWLEDGE NUMBER
ELECTRONIC		FIBER OPTICS SYSTEMS		ANALOG IC	
POWER LINE CARRIER THEORY		RF WAVE GUIDE SYSTEMS		SCR'S, FET'S, AND MOV'S	
ADVANCED AC THEORY		RF TRANSMISSION LINE		OPERATIONAL AMPLIFIERS	
INDUCTIVE / CAPACITIVE REACTANCE		RF TRANSMITTER		CMOS, LSI, VLSI	
DATA TRANSMISSION THEORY		RF RECEIVER		MATHEMATICAL THEORY	
ANTENNA RADIATION THEORY		RF POWER AMPLIFIER		ALGEBRA	
AUDIO POWER AMPLIFIER		TELEPHONE SYSTEMS		VECTOR ANALYSIS	
POWER SUPPLY		DECIBELS		CALCULUS	
TVI - RFI THEORY		ANTENNA SYSTEMS		COMPUTER THEORY	
TELECOMMUNICATION		RF WAVE PROPAGATION		WINDOWS OPERATING SYSTEMS	
MICROWAVE COMMUNICATION		TELEPHONE SWITCHING THEORY		DOS OPERATING SYSTEMS	
MULTIPLEX SYSTEMS		SOLID STATE THEORY		NUMBER SYSTEMS - INCLUDING BINARY, HEXADECIMAL & OCTAL	
MICROWAVE MEASUREMENT		TRANSISTOR		QUICK BASIC PROGRAMMING	
MODULATION THEORY		DIODE		VISUAL BASIC PROGRAMMING	
VHF / UHF COMMUNICATION SYSTEMS		DIGITAL IC		C PROGRAMMING	

ELEMENT 5 ABILITY TO USE ELECTRONIC HAND AND POWER TOOLS

TOOLS/EQUIPMENT	For each of the tools/equipment which you have used, indicate how you used it and for what purpose, as it relates to ELECTRONIC work
1. SOLDERING TOOLS	
2. DESOLDERING TOOLS	
3. BURNISHERS	
4. TAPS AND DIES	
5. FISH TAPE	
6. WIRE WRAP TOOLS	
7. CHASSIS PUNCH	
8. ZERT NUT TOOL	
9. POP-RIVET TOOL	
10. NUT DRIVERS	
11. ALLEN WRENCHES	
12. FUSE PULLER	
13. WIRE STRIPPERS	
14. HEAT GUN	
15. HEAT SHRINK	
16. CABLE STRIPPER	

ELEMENT 5 ABILITY TO USE ELECTRONIC HAND AND POWER TOOLS

TOOLS/EQUIPMENT	For each of the tools/equipment which you have used, indicate how you used it and for what purpose, as it relates to ELECTRONIC work
17. TORQUE WRENCHES	
18. CRIMPING TOOL	
19. TORX DRIVER	
20. DRILL PRESS	
21. WIRE PUNCH DOWN TOOL	
22. FIBER OPTICS CLEAVING TOOL	
23. FIBER OPTICS POLISHING PUCK	
24. FIBER OPTICS SPLICE KIT	
25. FIBER OPTICS CLADDING STRIPPER	
26. E.S.D. PROTECTION EQUIPMENT	
27. FREEZE MIST	
28. TUNING TOOLS	
29. RJ-11 CABLE CONNECTOR CRIMPING TOOL	
30. RJ-45 CABLE CONNECTOR CRIMPING TOOL	
31. RF TRIAX CABLE CONNECTOR CRIMPING TOOL	
32. RIBBON CABLE CONNECTOR CRIMPING TOOL	

ELEMENT 6 ABILITY TO TROUBLESHOOT**PART A**

FOR EACH **KIND OF TROUBLESHOOTING** LISTED BELOW, INDICATE YOUR HIGHEST EXPERIENCE BY WRITING THE TROUBLESHOOTING TYPE NUMBER AND GIVE AN EXAMPLE THAT DEMONSTRATES THAT LEVEL OF EXPERIENCE.

TROUBLESHOOTING EXPERIENCE TYPE NUMBERS:

1. **HAVE NOT DONE**
2. **HAVE ASSISTED OR DONE WITH GUIDANCE**
3. **HAVE SHARED RESPONSIBILITY WITH OTHER TEAM MEMBERS**
4. **FULLY RESPONSIBLE FOR INDEPENDENT TROUBLESHOOTING**
5. **HAVE BEEN A TECHNICAL RESOURCE FOR OTHERS (i.e. SENIOR LEAD TECHNICIAN)**

KIND OF TROUBLESHOOTING	EXPERIENCE NO. (1-5)	GIVE AN EXAMPLE (EQUIPMENT, PROBLEM, RESOLUTION, SERVICE AWARDS, ETC.)
REPLACED MINOR COMPONENTS, USING VISUAL INSPECTION TO DETECT TROUBLE OR FAILURES		
TROUBLESHOOT EQUIPMENT TO THE CIRCUIT CARD AND REPLACE FAILED CARD (MODULE REPLACEMENT)		
TROUBLESHOOT CARDS TO THE COMPONENT LEVEL AND REPAIR BY REPLACING THE COMPONENT		
TROUBLESHOOT A COMPLETE SYSTEM INCLUDING SEVERAL SUBSYSTEMS		
TROUBLESHOOT EQUIPMENT THAT IS NEW TO YOU USING INSTRUCTION MANUALS AND DRAWINGS		
TROUBLESHOOT ELECTRONIC EQUIPMENT UNDER CONDITIONS OF LIMITED TIME (MINIMAL OUTAGE DURATION)		

ELEMENT 6 ABILITY TO TROUBLESHOOT**PART A**

FOR EACH **KIND OF TROUBLESHOOTING** LISTED BELOW, INDICATE YOUR HIGHEST EXPERIENCE BY WRITING THE TROUBLESHOOTING TYPE NUMBER AND GIVE AN EXAMPLE THAT DEMONSTRATES THAT LEVEL OF EXPERIENCE.

TROUBLESHOOTING EXPERIENCE TYPE NUMBERS:

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4. **FULLY RESPONSIBLE FOR INDEPENDENT TROUBLESHOOTING**
5. **HAVE BEEN A TECHNICAL RESOURCE FOR OTHERS (i.e. SENIOR LEAD TECHNICIAN)**

KIND OF TROUBLESHOOTING	EXPERIENCE NO. (1-5)	GIVE AN EXAMPLE (EQUIPMENT, PROBLEM, RESOLUTION, SERVICE AWARDS, ETC.)
TROUBLESHOOT INTERMITTENT RECURRING MALFUNCTIONS		
TROUBLESHOOT USING TEST JIGS TO DETECT TROUBLE		
TROUBLESHOOT DATA TRANSMISSION PROBLEMS (MODEMS, STAT MUX, ROUTERS, ETC.)		
DEVELOPED A TROUBLE SHOOTING PROCEDURE OR GUIDE THAT WAS UTILIZED BY OTHERS		
TROUBLESHOOT A RF PROPAGATION, INTERMOD, OR ANTENNA SYSTEM PROBLEM		
UTILIZED DIGITAL LOGIC TROUBLE SHOOTING TECHNIQUES		

ELEMENT 6 ABILITY TO TROUBLESHOOT**PART B**

LIST OF DOCUMENTATION	YES	NO	INDICATE HOW YOU HAVE USED THE DOCUMENTATION, FOR WHAT PURPOSE, AND WHAT KIND OF EQUIPMENT WAS INVOLVED
1. EQUIPMENT INSTRUCTION BOOKS			
2. EQUIPMENT ELECTRICAL WIRING DIAGRAMS			
3. EQUIPMENT CABLING DIAGRAMS			
4. EQUIPMENT TEST DOCUMENTATION			
5. EQUIPMENT SPECIFICATIONS			
6. EQUIPMENT FLOOR PLANS			
7. JACKFIELD WIRING DIAGRAMS			
8. WAVE GUIDE ROUTING DIAGRAMS			
9. SITE DEVELOPMENT DRAWINGS			
10. SIGNAL FLOW DIAGRAMS			
11. BLOCK AND LEVEL DIAGRAMS			

ELEMENT 6 ABILITY TO TROUBLESHOOT**PART B**

LIST OF DOCUMENTATION	YES	NO	INDICATE HOW YOU HAVE USED THE DOCUMENTATION, FOR WHAT PURPOSE, AND WHAT KIND OF EQUIPMENT WAS INVOLVED
12. SINGLE LINE DIAGRAMS			
13. DIGITAL LOGIC DIAGRAMS			
14. CIRCUIT SCHEMATIC DIAGRAMS			
15. CROSS CONNECT DIAGRAMS OR CIRCUIT LAYOUT RECORD CARDS			
16. SYSTEM TEST PLAN			
17. COMMUNICATION TOWER ASSEMBLY AND ERECTION PLANS			
18. PASSIVE REFLECTOR PLOT PLANS, ASSEMBLY DRAWING			
19. INSTALLATION HARDWARE DRAWINGS			
20. CIRCUIT MODIFICATION DIAGRAMS			
21. MAINTENANCE PROCEDURES			
22. FACTORY FIELD CHANGES			
23. WORK STATEMENTS/ PROJECT DIAGRAMS			

	YES	NO											
1.	_____	_____	Within the last 3 years, have you completed a formal First Aid training course? If YES, how many hours, what dates, and by whom?										
2.	_____	_____	Within the last 2 years, have you had CPR training? If YES, give details, including date(s) of training.										
3.	_____	_____	Have you been certified to take an electrical clearance? If YES, indicate by whom and date of certification.										
4.	_____	_____	Have you had any safety training? If Yes, show what type of training, the approximate dates, and approximate total hours in each.										
5.	_____	_____	Have you worked for an employer with a regular safety program? If Yes, what did the program include?										
6.	_____	_____	Have you received awards for suggestions related to safety? If YES, Give details including dates.										
7.	_____	_____	Have you ever taught a safety class? If Yes, show what type, when, where, and length of the class.										
8.	_____	_____	Have you had an on the job lost time accident <u>in the last 3 years</u> ? If so, give details of each accident.										
			<table border="1"> <thead> <tr> <th>Date</th> <th>Circumstances</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Date	Circumstances								
Date	Circumstances												

ELEMENT 7 SAFETY

9

YES

NO

Do you have a current driver's license? In what state are you licensed? _____

What is your license number? _____

Are there any restrictions? _____

10. SHOW EACH TICKET YOU RECEIVED FOR VIOLATION OF A DRIVING LAW (DO NOT INCLUDE PARKING VIOLATION OR CHARGES OF WHICH YOU WERE FOUND NOT GUILTY) DURING THE **PAST THREE YEARS**. THIS RECORD MUST BE ACCURATE AND COMPLETE. A CHECK OF DRIVING RECORDS WILL BE MADE. IF NECESSARY, CONTINUE ON AN ADDITIONAL SHEET OF PAPER. GIVE DETAILS SUCH AS "SPEEDING 60 MPH IN A 55 MPH ZONE."

IF NO TICKETS IN PAST THREE YEARS, CHECK HERE ☐

CHARGE: (SPEEDING, DRUNK DRIVING, FAILURE TO YIELD, ETC.)	DATE	GIVE DETAILS	CITY STATE	WAS LICENSE REVOKED OR SUSPENDED	SENTENCE, AMOUNT OF FINE, ETC. INDICATE "NONE" WHEN THERE WERE NO PENALTIES IMPOSED.

ELEMENT 7 SAFETY

11. GIVES DATES AND DESCRIPTION OF EACH VEHICLE ACCIDENT YOU HAVE HAD IN THE **PAST THREE YEARS** AND INDICATE WHETHER YOU WERE OR WERE NOT FOUND AT FAULT.

IF NO VEHICLE ACCIDENTS IN PAST THREE YEARS, CHECK HERE

☐

TYPE OF VEHICLE YOU WERE DRIVING	DATE	DESCRIPTION OF ACCIDENT	CITY / STATE	FATALITY INVOLVED	AMOUNT OF DAMAGES	WERE YOU JUDGED AT FAULT

12. Conditions of Employment. Occasionally, work may be performed under other than normal conditions. Please indicate whether you will or will not work under the following conditions.

	WILL	WILL NOT	
a.	_____	_____	Work under varying climatic conditions
b.	_____	_____	Work in remote locations (Maybe alone)
c.	_____	_____	Work with a team or crew
d.	_____	_____	Work from a stepladder
e.	_____	_____	Work around high voltage
f.	_____	_____	Work subject to emergency call-outs
g.	_____	_____	Drive a snow-cat vehicle
h.	_____	_____	Lift and carry instruments weighing up to 50 lbs (23 kg)

ELEMENT 8 INGENUITY IN SUGGESTING AND APPLYING NEW METHODS

NOTE: THIS ELEMENT IS NOT PART OF THE RATING FOR TRAINEE POSITIONS. APPLICANTS FOR CRAFTSMAN MUST COMPLETE THIS PAGE.
Check each item listed below which applies to your experience and training. Give explanation beneath each item.

Check
Here

☐

Have put new maintenance ideas into practice. List one or two such ideas.

☐

Have contributed ideas for increasing efficiencies in getting maintenance tasks accomplished. List one or two such ideas.

☐

Have suggested modifications in communications equipment and procedures to solve problems. List suggestions made, awards received, if any.

☐

Have developed a maintenance procedure for new equipment that was adopted by my company. List one or two contributions.

ELEMENT 8 INGENUITY IN SUGGESTING AND APPLYING NEW METHODS**NOTE: THIS ELEMENT IS NOT PART OF THE RATING FOR TRAINEE POSITIONS. APPLICANTS FOR CRAFTSMAN MUST COMPLETE THIS PAGE.**

Check each item listed below which applies to your experience and training. Give explanation beneath each item.

Check
Here☐ Have repaired electronic equipment with limited documentation and no specific training on the equipment. List one or two examples..

☐ Have contributed to design modification of telecommunication and control equipment. List contributions made and patents, if any.

☐ Have adapted test equipment or operational / maintenance procedures to solve an emergency situation and restore telecommunication service. List adaptations made.

☐ Have written computer programs to perform specific task (such as control of test equipment) OR have made significant changes to existing programs to enhance its function.

USE ADDITIONAL SHEETS IF YOU NEED MORE ROOM.